

EXECUTIVE LOBBYING EXPENDITURE REPORT
FORM 507

- ☒ COVERING JANUARY 1 - JUNE 30, _____ - DUE AUGUST 15 2007
☐ COVERING JANUARY 1 - DECEMBER 31, _____ - DUE FEBRUARY 15

Mail to: the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808
OR
Fax to: (225)763-8787 or (225)763-8780

112
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 8/14/07
ER (8107)

SCANNED

AUG 14 2007

By: (signature)

3070387

1. Name FAYARD MELINDA W
Last First MI

2. Business Address: 1795 Ingleside Dr Baton Rouge LA
Street and No. City State Zip 70808

Mailing Address: 1795 Ingleside Dr Baton Rouge LA 70808

3. Business Phone: 225-216-9452
Area Code and Telephone Number

AUDITED

4. Total of all executive lobbying expenditures made January 1 through June 30:
(Include expenditures from Schedules A and B)

\$ 0

AUG 14 2007

By: (signature)

5. Total of all executive lobbying expenditures made July 1 through December 31:
(When Applicable) (Include expenditures from Schedules A and B)

\$ _____

6. Total of all executive lobbying expenditures made during calendar year:
(Line 4 added to Line 5 should equal Line 6)

\$ 0

7. Did you make an expenditure exceeding \$50 on one occasion for an executive branch official:

From January 1 through June 30?

Yes ☐

No ☒

From July 1 through December 31? 2006

Yes ☐

No ☒

NA ☐

If the answer to either question in Number 7 above is YES, complete Schedule A and attach.

8. Did you make expenditures exceeding the sum of \$250 for an executive branch official:

From January 1 through June 30?

Yes ☐

No ☒

From July 1 through December 31? 2006

Yes ☐

No ☒

NA ☐

If the answer to either question in Number 8 above is YES, complete Schedule A and attach.

9. Did you expend funds for any reception, social gathering, or other function to which more than twenty-five executive branch officials were invited during this reporting period?

Yes ☐

No ☒

If the answer to Number 9 above is YES, complete Schedule B and attach.

HAND DELIVERED

ETHICS COMMISSION
OFFICE OF THE CLERK
RECEIVED
2007 AUG 14 AM 9:52

- 2) a. Name of Department and Individual Agency: _____
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ _____
- 3) a. Name of Department and Individual Agency: W/A _____
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Melinda Gayard
Signature of Lobbyist